Important: Read instruct	ions bef	ore completing form Non-Refundable Processing Fee: \$2	<u> 22.00</u>			
1. Name of Association:						
2. Purpose:						
3. Registered Agent Name, Signature and Street Address: (Utah Street Address Required, PO Boxes can be listed after the street address)	Name  Street Address I hereby accept appointment as Registered Agent for the above named corp  Authorized Signature of R.A. or On behalf of R.A. Company		City		_ Utahzip	
4. Designated Office: (must be a Utah street address)				U	tah	
		Street Address	City		Zip	
		The company's registered office shall be its designated office.				
5. Principal Office:	Addre	SS	City	State	Zip	
	The duration of the company shall be years. (may not exceed 99 years)					
6. <u>Duration</u>		The duration date of the company shall be	(usually per	rpetual)		
1Name	ectors:	Must have at least 3 directors, unless the association has fewer than 3 members. (attach an	Position		3 directors)	
Address		C	ity	State	Zip	
2Name			Position(s)			
Address			ity	State	Zip	
3Name			Position(s)			
Address			ity	State	Zip	
4 Name			Position(s)			
Address 5.			ity	State	Zip	
Name		Position(s)				
Address		C	ity	State	Zip	
		on must be signed by at least 1 organizer.  clare that this Articles of Organization has been examined by me and is, to the b	est of my know	ledge and belief	true, correct and	
Authorized Si	ignature Title					